

**CLINICAL  
PSYCHOLOGY  
INTERNSHIP  
PROGRAM**

***NAPA STATE  
HOSPITAL***

**2004-05**

# NAPA STATE HOSPITAL CLINICAL PSYCHOLOGY INTERNSHIP PROGRAM 2004-05

Napa State Hospital (NSH) offers rich and varied training opportunities for clinical psychology interns. Continuous accreditation by the American Psychological Association since 1959 speaks to the quality, spirit, and tradition of the Clinical Psychology Internship Program (CPIP). NSH is located on 2,000 acres in the southeast corner of the beautiful Napa Valley in Northern California. The professional staff currently includes 65 psychiatrists, 50 psychologists, 65 social workers, 80 rehabilitation therapists, and a large nursing service. Although most of the supervision which psychology interns receive is provided by clinical psychologists, training from other mental health disciplines is provided as well (e.g., Grand Rounds), and inter-disciplinary collaboration is, of course, commonplace in an in-patient setting. In addition to the CPIP, training programs in other disciplines at NSH (e.g., Forensic Fellowship, Department of Psychiatry and Behavioral Sciences, U.C. Davis) provide supplemental learning opportunities. NSH is an Equal Opportunity Employer, which actively recruits individuals from diverse cultural and ethnic backgrounds. Currently, 50% of NSH hospital staff (and 47% of NSH patients) identify as ethnic minorities. Such diversity enhances an awareness and appreciation for the role which ethnic factors play in psychiatric treatment. NSH can accommodate physically challenged patients, staff, and interns, because it is almost completely wheelchair accessible.

## PATIENT POPULATION

As of this writing (August 2003), NSH provides psychiatric treatment for 1050 patients. Patients at Napa State Hospital can be divided into two broad categories. Approximately 75% of our patients are hospitalized under criminal commitments, while 25% have civil commitments.

### **CRIMINAL COMMITMENTS**

Patients with criminal commitments can be divided into three groups. These include patients who are 1) Not Guilty By Reason Of Insanity (NGRI), 2) Incompetent To Stand Trial (IST), or 3) Mentally Disordered Offenders (MDO). These patients are admitted to NSH in several ways:

- committed to the California Department of Mental Health by county superior court under one of the three penal code designations noted above
- transferred from a more secure facility for treatment in a less restrictive setting

- returned from Community Outpatient Treatment (COT) for noncompliance when the county conditional release program (CONREP) advises the county superior court that the patient may not be safely managed in the community

### Not Guilty By Reason Of Insanity (NGRI)

*NSH provides treatment for the largest population of NGRI patients (n=507) of any facility in the country.* The overall goal for these patients is improvement to the point where they gain admission or re-admission to CONREP, which coordinates return to the community. NGRI patients are treated on 13 locked units and three open units (where patients can move about freely within the fenced-in Secure Treatment Area). One of these units is a Geropsychiatric NGRI unit, while five of the units are co-ed. Movement between the open and locked units is based on evidence of responsible behavior. Psychologists on these units serve as members of a multidisciplinary treatment team. They provide individual psychotherapy and group treatment services (e.g., process and support groups, chemical dependency groups, etc.) and consultation services. In addition, psychologists write and implement behavior plans, provide crisis intervention services, and testify at writ and extension hearings. A major component of group treatment on NGRI units is the Forensic Issues Group, where patients are encouraged to come to terms with their mental illness, understand the role their illness played in their instant offense, and learn relapse prevention skills. A broad range of rehabilitative and recreational therapy services is also offered by other disciplines.

### Incompetent To Stand Trial (IST)

These individuals have committed a criminal offense but are unable to go to trial or plea-bargain because of mental impairment. The county superior courts have determined that these defendants are unable to understand the criminal charges against them and/or assist their attorneys in preparing a rational defense. The focus of treatment for these patients is to regain competency so that they can return to court and face charges. As on NGRI units, psychologists on IST units also serve on a multidisciplinary team and provide the range of clinical treatment services noted above. However, treatment for these patients is more psychoeducational in nature. Patients attend competency groups designed to enable them to understand the nature of the criminal charges against them and to meaningfully participate in their own defense. They must successfully pass the Competency Assessment Test (CAT), Mock Trial (patients tested as defendant in mock version of their own trial), and a dispositional hearing before they are returned to court. The IST patients are treated on 5 locked units.

### Mentally Disordered Offenders (MDO)

MDO patients are former parolees of the California Department of Corrections. They were convicted and have served prison sentences. These patients completed their parole but because of continuing mental illness and dangerousness, have been committed to DMH for continued treatment. MDO patients are the smallest of the 3 forensic patient groups. They receive treatment on NGRI units.

## Specialized Forensic Treatment Programs

For the most part, patients are treated on units organized around penal code status (e.g., NGRI). However, there are several specialty units/programs, which address the needs of forensic patients:

### 1. The Forensic Research Unit

This unit is run conjointly by the Department of Psychiatry and Behavioral Sciences, University of California, Davis, and by Napa State Hospital. This unit coordinates forensic research at the hospital. Research currently underway is investigating a range of neuropsychological variables and their relationship to dangerousness. Other studies are looking at particular variables as predictors of treatment outcome. The treatment program on this unit is similar to the programs noted above with two notable exceptions. First, patients receive an extensive battery of tests at intervals prescribed by a particular research protocol. Additionally, treatment in this program has a cognitive-behavioral orientation. Treatment groups include cognitive-behavioral treatment of personality and psychotic disorders, as well as a core relapse prevention group.

### 2. The Chemical Dependency Education Program (CDEP) and The Substance Abuse Focused Education (SAFE) Program

CDEP is a day treatment program for patients with forensic commitments whose psychological difficulties are compounded by substance abuse. Patients participate in a program of Biopsychosocial Rehabilitation Groups, 12-Step and/or Rational Recovery Meetings, and individual and group psychotherapy in the context of a small supportive therapeutic community (usually 14-18 patients). All patients who are accepted into this program participate in an Intensive Treatment Phase, followed by an Aftercare Phase. Graduates of this program may choose to continue their involvement as part of an on-going Maintenance Phase. A long-term goal of this program is to have each patient develop an individualized relapse prevention plan, which recognizes his or her dual diagnosis status. SAFE is a chemical dependency, day treatment program for lower functioning forensic patients.

### 3. Sex Offender Treatment Program

A program of group treatment in two phases is offered for forensic patients with a history of sex offenses. This program uses a cognitive-behavioral relapse prevention model. A third phase, which would involve 24-hour inpatient treatment on a special unit for sex offenders, will be implemented in Fall, 2003

## **CIVIL COMMITMENTS**

Patients who represent a danger to themselves or others, but who have committed no crime, are committed to NSH pursuant to civil commitment statutes. Typically all patients are county conservatees who are too severely disturbed to be treated in locked facilities or board and care homes in their county of origin. Unlike the forensic units, these patients are not housed as a function of penal code status. Civilly committed patients are treated on different units as a function of their age, gender, level of functioning, acuity, or special needs. There are currently 8 in-patient units. These include an acute/receiving, geropsychiatric, deaf and hearing-impaired, and several all male and one all-female unit. Treatment programs for these patients are similar to those of the forensic patients, without a focus on criminal behavior. Like the forensic units, the treatment program on each civil unit is grounded in a needs assessment of the particular patients it serves. For example, the all-female unit provides treatment for patients with severe borderline personality disorder, dissociative identity disorder, trauma and recovery, and self-injurious behavior. Psychologists offer the same range of clinical services as provided on forensic units. They also testify at writ hearings.

# **CLINICAL PSYCHOLOGY INTERNSHIP PROGRAM**

## **GENERALIST TRAINING**

Our intention is to prepare pre-doctoral interns for entry level practice in professional psychology. The training program is geared toward this general aim as well as the specific interests and needs of the intern class. We subscribe to a “general practitioner model,” with an emphasis on public service to the severely mentally-ill. We offer generalist training because we believe that the focus of predoctoral training should be on the acquisition and consolidation of general clinical skills. Training is provided in the treatment of patients with severe mental disorders. An intensive training experience with severely disturbed individuals can provide an invaluable foundation for understanding the entire spectrum of mental disorders. Interns are trained to provide a broad range of clinical services, which is also consistent with a generalist approach. Interns will be able to apply skills obtained here to a variety of treatment settings and populations. By “practitioner”, we mean that our focus is on the acquisition of professional skills, which are based on the science of psychology. We encourage and provide ample opportunities for interns to obtain specialty training (e.g., neuropsychological assessment) provided they are making satisfactory progress in the acquisition of generalist skills.

## **GOALS**

We have identified 7 areas in which interns will achieve entry levels of competence: 1) *Competence in Professional Conduct, Ethics and Legal Matters*, 2) *Competence in Individual and Cultural Diversity*, 3) *Competence in Theories and Methods of Psychological Diagnosis*,

4) *Competence in Theories and Methods of Effective Psychotherapeutic Intervention*, 5) *Competence in Scholarly Inquiry and Application of Current Scientific Knowledge to Practice*, 6) *Competence in Professional Consultation*, and 7) *Competence in Supervision*. Subsumed within these goals are a number of training objectives, which specify the particular skills in each area that interns will be expected to obtain.

## **INDIVIDUALIZED TRAINING PLAN**

We encourage each intern to take the lead in developing an individualized training plan that is focused upon the development of specific clinical skills (e.g. psychological assessment, psychotherapy with individuals suffering from schizophrenia or severe personality disorders). Our training staff helps to clarify each intern's interests and needs at the beginning of the training year. Input for this plan is also solicited from the Director of Training at each intern's graduate program and from former clinical supervisors. This plan guides the direction or emphasis of various training activities.

## **OPPORTUNITIES FOR FORENSIC TRAINING**

*We do not offer a formal forensic training track.* As noted above, we believe that the predoctoral year should focus on the consolidation of generalist skills. In addition, our staff is not prepared to offer comprehensive training in forensic psychology even if we decided to do so. For many years, we provided traditional psychiatric treatment to our criminally committed patients. During this time, most of our professional staff was not forensically trained. However, during the last several years, NSH has made a determined effort to provide forensically focused treatment to patients and, as such, is providing on-going training in forensic psychiatry to professional staff. There are several members of the Department of Psychology who do possess advanced skills in forensic psychology. In general, however, professional staff is acquiring forensic skills and acclimating to the identity and culture of a forensic institution.

*At the present time, the CPIP offers an orientation to select areas in forensic psychology only.* A comprehensive training program in forensic psychology is grounded both in the acquisition of clinical skills and in knowledge of the criminal justice system. Training in both areas should infuse all aspects of a forensic psychology-training track. We do not offer extensive training in how a psychologist works in the criminal justice system. Our orientation to forensic psychology has several components. We offer a 15-week forensic seminar covering topics such as “NGRI: History and Case Law” and “Risk Assessment”. In addition, interns can participate in the hospital-wide forensic trainings noted above. They can also attend the forensic case-consultations and mock trials (staff practices providing expert testimony while being cross-examined by UC Davis staff) offered by the Department of Psychiatry and Behavioral Science at U.C. Davis.

## **TRAINING ACTIVITIES**

Training is primarily provided in three ways: 1) clinical service delivery, 2) individual supervision, and 3) seminars.

**Clinical Service Delivery** (note: a, b, and c below are required training activities, while d, e, f, and g are elective)

**a. Working on an Inpatient Unit**

The 12-month internship is divided into two 6-month rotations. A rotation commitment entails 16-20 hours a week on an inpatient unit. The psychologist at the site provides supervision. The clinical responsibilities for the intern are the same as for the unit psychologist. Interns serve as members of a multidisciplinary treatment team. They provide individual psychotherapy and group treatment services (e.g. process and support groups, chemical dependency, etc). In addition, interns write and implement behavior plans and provide crisis intervention services. They also provide consultation services to staff regarding treatment of patients, as well issues pertaining to unit staff. The one exception is that interns cannot testify in court but are welcome to observe licensed staff testify as expert witnesses.

**b. Psychological Assessment**

Interns are expected to complete a minimum of twelve psychodiagnostic assessments during the internship year. Testing cases are selected from the hospital-wide referral system. When appropriate, an attempt is made to correlate rotation site and testing cases. Each intern meets weekly with their psychodiagnostic assessment supervisor and has two different psychodiagnostic assessment supervisors during the year. Supervisors can be selected on the basis of a special interest in a test instrument, such as the Rorschach or MMPI. Supervision and training in neuropsychological assessment is also available for interns. Depending on the intern's interest and skill in this area, neuropsychological training can range from simply developing basic neuropsychological screening skills to completing several full neuropsychological assessment batteries.

**c. Individual Psychotherapy.**

Interns are expected to carry three to five long-term psychotherapy cases throughout the training year. Long-term patients are typically seen one or two times a week. These cases can be selected from anywhere in the hospital and thus may reflect a broad or narrow range of psychopathology. A specific supervisor is chosen for each case and supervision occurs on a weekly basis. Theoretical orientations of the staff are varied. A representative sample of our staff's orientations includes Psychodynamic (Drive Theory, Ego Psychology, Object-Relations, and Self-Psychology) Jungian, Existential, Interpersonal, Gestalt Therapy and Cognitive-Behavioral treatment approaches. In addition to long-term psychotherapy, interns may provide short-term therapy to patients at their rotation site. Short-term therapy is usually employed for circumscribed problems. The rotation supervisor generally provides supervision of short-term therapy cases and psychotherapy groups at the rotation site.

#### d. The Behavioral Consultation Team

The Psychology Department offers a hospital-wide behavioral consultation service to assist treatment teams in their work with difficult behavior management cases. The four psychologists who provide these services possess skills in psychological assessment and behavioral analysis, as well as in consultation. Behavior plans function both to manage behavior harmful to self and others as well as to provide patients with the structure and support needed to achieve treatment goals. Interns have spent from 2 hours up to 10 hours per week with the Behavioral Consultation Service.

#### e. The Employee Assistance Program (EAP).

This program provides short-term psychotherapy to hospital employees and their families. This may take the form of individual, couples, or family therapy.

#### f. The Critical Incident De-Briefing Team.

This is a multidisciplinary team of clinicians who provide support to patients, staff, and the organization-at-large following a traumatic event (e.g. assault of patient or staff)

#### g. The On-Duty Psychologist (ODP).

The ODP is “on-call” to every unit in the hospital, from 5:00 p.m. to 1:00 a.m. each day. The function of the ODP is to provide proactive interventions for patients who are experiencing emotional difficulties, so that more restrictive interventions (e.g. seclusion and restraint) are not needed.

### **Supervision**

Interns receive a minimum of 5 hours per week of individual, face-to-face supervision. These include meetings with a rotation supervisor, a psychodiagnostic assessment supervisor, and three individual psychotherapy supervisors. The intern meets with each supervisor once a week and more if desired or needed. The Director of Training works with each intern in the selection of supervisors for each rotation, and in the selection of long-term psychotherapy cases.

### **Seminars**

There are three core weekly seminars:

#### a. Psychodiagnostic Assessment Seminar

A variety of assessment approaches and instruments are examined in depth and explored as to their usefulness with various psychological disorders. The format of the seminar is divided



between a didactic component and group supervision of psychological assessment data gathered by interns. A special segment of the seminar is devoted to tests which measure neuropsychological functions.

#### **b. Psychotherapy Seminar**

The focus of this seminar is the theory and practice of psychotherapy. During this seminar, professional staff presents the theory and technique of various approaches to psychotherapy approaches as applied to this patient population. This seminar also alternates between didactic presentations and a psychotherapy case-conference format. Other topics include experiential as well as didactic presentations on cultural issues that bear on psychiatric treatment, psychotropic medications, etc.

#### **c. Professional Issues Seminar**

This seminar has several functions. One purpose is to create an environment where interns are able to process various aspects of their training experience. To this end, interns define the agenda during the initial portion of the seminar. In the past, interns have discussed such topics as adjustment to working with severely disturbed patients, the role of a psychologist, developing a professional identity, and working as a member of an interdisciplinary team. Finally, this seminar also includes a 6-week module on Legal and Ethical Issues, and a 15-week module on Forensic Issues.

### **Hospital-Wide Training Opportunities /Resources**

#### **The Department of Professional Education Grand Rounds**

Weekly presentations on a wide range of topics in mental health are offered where NSH staff and specialists from around the country are featured.

#### **Department of Psychology Trainings.**

Specialists from the Bay Area and around the country provide training, which addresses the specific educational needs of psychologists.

#### **UC Davis Forensic Case Consultation**

The Forensic Fellowship Program offers a bi-monthly consultation on NSH forensic patients who have been referred by NSH treatment teams.

#### **UC Davis Mock Trial**

The Forensic Fellowship Program offers mock trials where NSH staff practices expert testimony while being cross-examined by UC Davis staff.

#### **NSH Professional Library**

The NSH Professional Library subscribes to nearly 120 journals. The library also offers the computer search services of PsychINFO and Medline.

### Field Trips

Interns participate in two or three field trips each year. In recent years, interns have visited several California State Prisons, the “ethnic focus” inpatient psychiatric units at San Francisco General Hospital, and several private or county inpatient treatment facilities.

### Computers

Computers are available to aid interns with their clinical work. The Department of Psychology has specialized test scoring and interpretation software, including programs for interpreting the MMPI-2, Rorschach, and the Millon Clinical Multiaxial Inventory-3, among others. Each intern also has his or her own computer network account, which allows access to the Local Area Network (LAN). Network accounts include GroupWise e-mail for communication and correspondence, and access to the Internet.

## **EVALUATION OF INTERN PERFORMANCE**

1. Each intern meets regularly with the Director of Training to discuss his or her training experience.
2. Training supervisors meet monthly to review the progress of each intern (and to provide peer supervision in their work as supervisors). Areas of particular strength and areas requiring more attention for continued professional development are identified for each intern. Formal rotation evaluation meetings occur in the middle and at the end of each 6-month rotation period. At these meetings, each intern meets with all of his/her supervisors to review their progress in the program.
3. At the end of each rotation, all supervisors are also asked to complete a written evaluation of their intern’s performance and to discuss this evaluation with the intern. Concurrently, each intern is asked to evaluate each supervisor.
4. At the conclusion of each rotation, the Director of Training summarizes the supervisory evaluations of each intern and forwards these to the Director of Training of each intern’s respective graduate program.

## **THE NAPA COMMUNITY**

NSH is located in Napa (pop 65,000), the largest community in the renowned viticultural center. The schools in the area are good, and there are a number of after-school and day-care centers for children of working parents.

The climate is often described as Mediterranean. Fall and spring days are pleasant and summer days are warm, with three or four brief heat waves during the summer. The temperatures during summer nights range between 50 and 55 degrees. The rainy season begins in November, with little or no rain after April. Winter day temperatures fluctuate between 50 and 65 degrees, with evening temperatures rarely dropping below 32 degrees between mid-December and March. Apartments, duplexes, and houses are readily available in Napa. Most rentals are unfurnished, but come with a refrigerator and stove. A modern, one bedroom, unfurnished apartment is typically available at \$900+ per month; a

one-bedroom, furnished is available for \$1000+ per month. Three-bedroom, 2-bath homes average \$1200 - \$1600 per month. Despite the fact that housing is available within walking distance of the hospital, a car is considered essential in this community. Hospital staff does commute varying distances, with the majority carpooling from adjacent municipalities. *Dormitory-style housing on hospital grounds is available to interns at no cost.*

Some of the many leisure and recreational activities in the immediate and not-too-distant areas are:

**THE NAPA VALLEY:**

- Many award-winning restaurants;
- Over 200 famous Napa Valley Wineries and tasting rooms, which may include a relaxing picnic lunch;
- Hot-air balloon rides over the valley, providing a unique vantage point for surveying the wine country;
- Bicycle riding along valley backroads;
- Nearby Calistoga, home of mineral water and hot springs, offering natural spas, mineral baths, mudbaths, shops and restaurants;
- Several public golf courses, swimming pools, tennis courts, horseback riding stables, fishing and hiking areas, softball leagues, and campgrounds provide outdoor recreational activities;
- The local symphony, Pretenders Playhouse, and several choral and theater groups invite attendance, and participation in productions;
- Napa Valley College, a community college, offers a variety of cultural, recreational and social activities;
- Napa Valley College and Napa Parks and Recreation Department offer courses in arts and crafts, foreign languages, wine appreciation, computer programming, and physical activities (e.g., swimming, racquetball, aerobics, Tai Chi, yoga and meditation);
- There are several art shows held annually in local galleries and parks;
- Several wineries host annual summertime festivities, including jazz, pop, and classical concerts featuring top-name entertainers;
- There are many active charitable, social, recreational and/or professional organizations and clubs;

### **AN HOUR OR LESS BY CAR FROM NAPA:**

- Nearby San Francisco (52 miles) offers a wealth of cultural, educational, and recreational activities.
- Berkeley (40 miles).
- Lake Berryessa (20 miles).
- Mt. Tamalpais (45 miles).
- Muir Woods (40 miles).
- Sausalito (40 miles).
- Sacramento (60 miles).
- The Sonoma Coast (50 miles).

### **OTHER AREAS OF INTEREST:**

- The Santa Cruz Beach and Boardwalk area is 120 miles southwest.
- Monterey and Carmel, gateway to Big Sur, are about 30 miles further down Highway 1.
- Picturesque Mendocino on the Northern California coast is approximately 180 miles away.
- Many ski resorts are within three to five hours drive from Napa.
- Lake Tahoe is roughly 175 miles east.
- Reno is about 200 miles east.
- Yosemite National Park is 180 miles southwest.

## **DIRECTIONS TO NAPA STATE HOSPITAL'S PSYCHOLOGY BUILDING**

### **From San Francisco:**

Travel east on I-80  
Exit on Highway 37 (marked with "Napa" sign)  
Drive 2 1/2 miles  
Turn right on Highway 12/29 (also called Sonoma Boulevard)  
Drive 6 1/2 miles until the "Y" split in the road  
Follow the directions below\*\*

### **From Sacramento:**

Travel west on I-80 Exit Highway 12 West (marked with "Napa" sign)  
Drive 6 miles until the road reaches a "T"  
Turn right on Highway 12/29  
Drive 1 1/2 miles north to the "Y" split in the road  
Follow the directions below\*\*

### **From the East Bay:**

Travel north on I-680  
Exit on I-80 West  
Exit Highway 12 West (marked with "Napa" sign)  
Drive 6 miles until the road reaches a "T"  
Turn right on Highway 12/29  
Drive 1 1/2 miles north to the "Y" split in the road  
Follow the directions below\*\*

**\*\*After the "Y" Split:**

Take the right-hand fork, which directs you toward Napa  
Drive 2 1/2 miles north to Napa State Hospital  
Turn right at the main entrance  
The Psychology Building is the last building on the left of Magnolia Blvd.  
Park in any convenient location and enter the Psychology building at the door marked Psychology Offices

# APPLICATION INFORMATION

## **NATURE OF THE POSITION**

- The CPIP is fully accredited by the American Psychological Association (APA). The address and telephone number of APA is as follows: American Psychological Association, 750 First Street, NE, Washington, DC 20002; (212) 336-5979.
- Four fully funded positions are available starting September 2, 2004 and continuing for a full year.
- The stipend is \$27, 189 (USD) per year.
- Medical insurance for the intern and his or her immediate family is provided at no charge or minimal charge, depending upon the program selected. Dental insurance is also provided.
- Thirteen sick days and ten and one half-vacation days are available. The State of California also observes thirteen holidays. Five days of paid educational leave are available.

## **ADMISSION CRITERIA**

- Applicants must be doctoral candidates in clinical psychology. Applications from counseling psychology programs are acceptable if coursework covers major content areas found in clinical psychology programs. Applicants from APA-approved programs are preferred.
- All requirements for the degree, with the exception of the dissertation, must be completed by the start of internship.
- Applicants need not be U.S. Citizens.
- **IMPORTANT NOTICE.** Applicants may not be eligible for a Clinical Psychology Intern position if their have ever been convicted of a felony. Interested applicants, who have been convicted of a felony, should contact the Psychology Internship Director well ahead of the application deadline, to determine eligibility.

Napa State Hospital is an Equal Opportunity Employer

## **APPLICATION PROCEDURE**

- Complete the AAPI application form. AAPI applications are available at graduate schools or can be downloaded from the APPIC Web site. The APPIC web address is: <http://www.appic.org/>, Click on the “Forms and Document Downloads” from the APPIC home page. Our match # is 1421
- In addition to the standard AAPI application, we require that you answer one additional essay question in 200 words or less:

*Please describe how your interest in clinical psychology developed.*

- Request that copies of all graduate school transcripts to be forwarded directly from the graduate institution to us. Sealed copies of transcripts may be included with your AAPI application.
- Three letters of recommendation.
- Curriculum Vitae
- Complete the State of California Examination and/or Employment Application Form. To obtain this form, return to the Home Page of the DMH Website ([www.dmh.cahwnet.gov](http://www.dmh.cahwnet.gov)), and click Job Openings. Then scroll down to State Applications Form (letter F). Please complete this form completely, even though much of this information is probably already included in your vita.

Address application material to:

Richard Lesch, Ph.D.  
Psychology Internship Director  
Department of Psychology  
Napa State Hospital  
2100 Napa Vallejo Highway  
Napa, CA 94558-6293

Material may also be faxed to the Psychology Department, Napa State Hospital at (707) 253-5341.

*The completed AAPI application form must be received by Monday, November 17, 2003. Supporting materials will not be accepted after Friday, November 21, 2003.*

If you include a self-addressed stamped postcard, we will notify you that we have received your application materials. We adhere to the APPIC and APA policies and procedures regarding offers and acceptances. All application materials will be reviewed and rated by the Psychology Internship Advisory Committee. Applicants who receive the highest rankings will be invited for an in-person interview. Applicants who prefer to interview by telephone may do so. Interviews will be conducted in January 2004, and will include an orientation to our training program, meeting with our current interns, and hospital tour.

## **CLINICAL PSYCHOLOGY INTERNSHIP PROGRAM**

### **Graduate Programs of Recent Former Interns**

Class of 2003-04	California School of Professional Psychology/Alameda Wright Institute Pepperdine University Argosy University, Phoenix Campus/Arizona School of Professional Psychology
Class of 2002-03	University of North Texas Chicago School of Professional Psychology California School of Professional Psychology/Alameda Baylor University
Class of 2001-02	California School of Professional Psychology/Fresno Chicago School of Professional Psychology Ferkau Graduate School of Psychology/Yeshiva University Florida School of Professional Psychology
Class of 2000-01	Florida State University University of Montana State University of New York at Stony Brook University of Texas, Austin
Class of 1999-00	University of Alabama California School of Professional Psychology/Los Angeles California School of Professional Psychology/Alameda Baylor University
Class of 1998-99	University of Denver California School of Professional Psychology/Fresno University of Tulsa Baylor University



**NAPA STATE HOSPITAL  
PSYCHOLOGY STAFF**

<b><u>Name</u></b>	<b><u>Areas of Interest</u></b>
Barnes, Teresa, Psy.D	Assessment and psychotherapy of severely disturbed adults
Bramble, Rachel, Ph.D.	Risk assessment, Cognitive-behavioral therapy, Treatment of sex offenders
Butzine, Kent, Ph.D.	Substance abuse, Psychodynamic therapy
Cushman, Philip, Ph.D.	Psychological assessment
Dawson, Jack, Ph.D.	Cognitive/emotional and neuropsychological assessment, Competency
Echols, Chris, Ph.D..	Clinical and forensic assessment, Psychodynamic therapy
Fernandez, Patricia, Ph.D.	Cultural factors in psychological assessment, Integrative psychotherapy, Crisis intervention
France, Yung-hi, Ph.D.	Psychodynamic psychotherapy with severely schizophrenic, Borderline, and personality-disordered individuals
Galberth, Nicole, Ph.D.	Cognitive-behavioral therapy, Cross-cultural issues, Gender identity and exploration
Gates, Janis, Psy.D.	Restoration to competency, Assessment of malingering
Heying, Robert, Ph.D.	Gestalt therapy, Transpersonal therapy
Hoff, Anne, Ph.D.	Neuropsychology, Effects of medication on cognition, Neuropsychological aspects of schizophrenia
Horon, Robert, Ph.D.	Risk assessment, Personality assessment, Applied forensic/clinical research
Jones, James, Ph.D.	Restoration to competency, Risk assessment, Cognitive-behavioral therapy
Kappler, Kevin, Ph.D.	Malingering, risk assessment

Randy Katz, Ph.D.	Substance abuse/addictions, Dual diagnosis
Kepner, Richard, Ph.D.	Forensic psychology, Group therapy
Knoblauch, Thomas, Ph.D.	Antisocial personality disorder, Depression, Stress reduction
Lakritz, Kenneth, Ph.D.	Psychopharmacology, Behavioral consultation, Mysticism, Neuropsychology
Lehman, Harriet, Ph.D.	Psychodynamic therapy, Risk assessment
Lesch, Richard, Ph.D. (Internship Director)	Psychodynamic case conceptualization, Personality disorders, Social/cultural factors in treatment
Matsumoto, Gregory, Psy.D..	Cross-cultural issues, Organizational consultation
McColm, Michele, Ph.D.	Special needs populations, Geriatrics, Deaf and hearing-impaired patients
Miller, Sarah, Ph.D.	Forensic psychology, Neuropsychological assessment
Mulgrew, Edna, Ph.D.	Group psychotherapies, Cognitive-behavioral and interpersonal approaches to therapy
Norton, Jerome, Psy.D.	Neuropsychological assessment
Patterson, Kathleen, Ph.D.	Treatment of women, Borderline pathology, Self-injurious behavior
Pittavino, Steven, Ph.D.	Communication systems theory, Behavioral medicine
Rabin, Anthony, Ph.D.	Cognitive behavioral treatment of personality and psychotic disorders, Risk assessment
San Giovanni, David, Ph.D.	Cognitive/emotional and neuropsychological assessment, Forensic testimony
Schultz, Charlene, Ed.D.	Behavioral consultation, Treatment of sex offenders, Relapse prevention
Singh, Jatinder, Ph.D.	Forensic psychology, Systems theory
Smith, Kim Psy.D.	Forensic psychology, Risk assessment

Snethen, Gary, Ph.D.	Cognitive assessment, Substance abuse treatment, Behavioral consultation, Expert testimony
Valois, Winston, Ph.D.	Jungian dreamwork, Object-relations and drive theory, Spirituality and mental health
Vano, Anne, Psy.D.	Experiential techniques in group psychotherapy, Psychodynamically-oriented treatment of delusions, Role of language in emotional expression/bilingual and minority issue
van Schoor, Eric, Ph.D.	Psychodynamic group therapy, Social and cultural factors which bear on treatment
Veit, Steven, Ph.D. (Chief)	Employee assistance program, Workplace violence prevention, Stress management
Venard, Michael, Ph.D.	Risk assessment, Sex offender assessment/treatment, Assessment of malingering
Wattimena, Daniel, Ph.D.	Psychological assessment, Group therapy
Weber, Alison, Ph.D.	Neuropsychological assessment and treatment/rehabilitation, Psychotherapy with neuropsychologically-impaired patients
White, Patricia, Ph.D.	PTSD, Behavioral consultation, Neuropsychological assessment
Winn, Julie, Psy.D	Geriatrics, Treatment of deaf and hearing-impaired patients
Woods, Nina, Ph.D.	Team-building, Geriatrics, Interface between psychological and medical issues in aging
Wrighton, Patricia, Ph.D.	Rorschach Inkblot test, Buddhist psychology
Yasaie, Majid, Ph.D.	Cognitive-behavioral therapy, Risk assessment, Sex-offender assessment/treatment, Behavioral consultation, Relapse prevention